

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17348

State File No.

Registrar's No.

FILED MAY 20 1943

Registration District No.

Primary Registration District No.

3006-5-120

114

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 40 Years years, months or days)

3. (a) PRINT FULL NAME JAMES CLARENCE NORMAN

3. (b) If veteran, name war World War 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jennie 6. (c) Age of husband or wife if alive years
7. Birth date of deceased 10 - 24 - 1902 (Month) (Day) (Year)

8. AGE: Years 40 Months 6 Days 9 If less than one day hr. min.

9. Birthplace Boone County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Stock Trader

11. Industry or business

12. Name Frank Norman

13. Birthplace Boone County Missouri (City, town, or county) (State or foreign country)

14. Maiden name Drucella Nevins

15. Birthplace Boone County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James C. Norman

(b) Address Route 5, Fulton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-43 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Parson Funeral Service
(b) Address Columbia, Mo.

19. (a) 5-4-43 (Date received local registrar) (b) E. J. Barker (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Fulton (If outside city or town limits, write "RURAL")
(d) Street No. Rural Route 5 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1943 hour 9:20 minute P. M.

21. I hereby certify that I attended the deceased from May 3 1943 to May 3 1943
that I last saw him alive on May 3 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Duration 1 day

Due to Diabetes Mellitus 9 yrs

Due to 61

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature E. J. Barker (M. D. or other) Address Columbia, Mo. Date signed 5/4/43

1250

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 24 1948

MAY 20 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
.....
working under my personal supervision.

Signed.....
Registered Apprentice No.....
Licensed Embalmer No.....
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.